## BEST AVAILABLE COPY

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I									SMALL ENTITY			OTHER THAN	
			(Column 1)			(Column 2)			TYPE			SMALL	
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE
ВА	SIC FEE	¥				Service of the servic				345.00	OR		690.00
TOTAL CLAIMS /48 minu					20= 1 28				X\$ 9=		OR	X\$18=	2304
INDEPENDENT CLAIMS									X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT								<b> </b>	100				
* If the difference in column 1 is less than zero, enter "0" in column 2								L	+130=		OR	+260=	O Cocal
									TOTAL	<u> </u>	OR	TOTAL	1000
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							_	SMALL I	ENTITY	OR	OTHER SMALL I	. ,	
AMENDMENT A		REMA AF	IMS INING TER DMENT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NI PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	· /	48	Minus	**	148	=		X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	* NTATIO	N OF MI	Minus	***	INT CLAIM	=		X39=		OR	X78=	
	THOTTHEOL	<u> </u>	IN OF IVI	JETH LE DEF	LINDL	INT CLAIM		1	+130=		OR	+260=/	
						•		L	TOTAL			TOTAL	
		(Colu	mn 1)		(Co	lumn 2)	(Column 3)	Αl	ODIT. FEE		JOH	ADDIT. FEE	
~		CLA	MIMS	3.4.4.	HI	GHEST		lr		ADDI-	1 1	-	ADDI-
AMENDMENT B		AF	IINING TER DMENT		PRE	JMBER VIOUSLY JD FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
	Total	* JA	18	Minus	**	148	=		X\$ 9=	` /	OR	X\$18=	
AME	Independent FIRST PRESE	*	<u>)</u>	Minus	***	NE OLAN	=/-		X29=		OR	X78=	
	FIRST PRESE	NIATIO	N'OF MI	ULTIPLE DEI	PENDE	INT CLAIM	· ·	J	+130=		OR	+260=	
									TOTAL			TOTAL	
	(Column 1) (Column 2) (Column 3)							Αl	ODIT. FEE			ADDIT. FEE	
75		CLA	CLAIMS			GHEST		1 -		ADDI		·	ADDI
AMENDMENT C		AF	IINING TER DMENT		PRE	JMBER VIOUSLY JID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 15	5	Minus	**	148	= 7		X\$ 9=	63	OR	X\$18=	
	Independent	*	9	Minus	***	3	= 6	<b>1</b>	x25=	1		X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							▎├	7,00-	252	OR	X/0=	
• 1	f the entry in colur	mn 1 ic lo	ee than t	ne entry in cel-	ımr C ··	rito "O" in co	dumn 2		+130=		OR	+260=	
**	t the entry in colur If the "Highest Nur If the "Highest Nui	mber Pre	viously Pa	aid For" IN THI	S SPAC	E is less that	an 20. enter "20.	." AC	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
			VILLIAN P	entern over 1991		. IS IMPSS IN	an S. enter S.			propriate box			

## BEST AVAILABLE COPY

								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2001								09/660,584					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS							Ŗ	ATE	FEE		RATE	FEE	
FOR			NUMBER FILED NUMBE			ER EXTRA	BAS	BASIC FEE 370			BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			minus 20= *				X	\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 = *				X42=			OR	X84≃		
MU	LTIPLE DEPENI	DENT CLAIM P	RESENT							+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2							+140=						
CLAIMS AS AMENDED - PART II							10	DTAL		OR	TOTAL OTHER	THAN	
	(Column 1) (Column 2) (Column 3)						SI	SMALL ENTITY			SMALL		
AMENDMENT A	,	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	* 286	Minus	** /	55	= 13/	×	\$ 9=	1179-	OR	X\$18=		
<b>AME</b>	Independent	· 10	Minus *** 9 =			×	X42= 480		OR	X84=			
	FIRST PRESE	NTATION OF MI	ULTIPLE DEPENDENT CLAIM				140=	14/1-	OR	+280=			
							Ľ	TOTAL	1519	ΩP	TOTAL		
	(Column 1) (Column 2) (Column 3)							ADDIT. FEE 1.37.7. OR ADDIT. FEE					
NDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PF			PRESENT EXTRA		ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	12. 1	=	]   ×	\$ 9=		OR	X\$18=		
AMEND	Independent	* NTATION OF MU	Minus	***	T CL AINA	-	X	(42=		OR	X84=		
	FIRST PRESE	NTATION OF MI	DETIPLE DE	CINDEIN	CLAIN		+	140=		OR	+280=		
							ADD	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	] [x	\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=-	]   x	42=		OR	X84=		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		┚┝╌		<b></b>			<del></del>	
* 1	f the entry in colu	mn 1 is less than t	he entry in col	ımn 2 writ	te "O" in c	olumn 3	+	140=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

4.20